## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003

10771738

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                 |                  |                                    |              |                  |      | SMALL ENTITY TYPE  |                                                  |         | OTHER THAN OF SMALL ENTITY |                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------|------------------|------------------------------------|--------------|------------------|------|--------------------|--------------------------------------------------|---------|----------------------------|------------------------|--|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                 | 24               |                                    | (000         |                  |      | RATE               | FEE                                              | OF.     | RATE                       | FEE                    |  |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                 | NUMBER FILED     |                                    | NUMBER EXTRA |                  |      | BASIC FE           | +                                                | OR      | BASIC FEE                  |                        |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                 | 24 minus 20=     |                                    | *            |                  |      | VC 0               | -                                                | -       | <u> </u>                   | 72                     |  |
| INIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DEPENDENT C                                    | I AIMS                          | 2 minus 3 =      |                                    | *            |                  |      | XS 9=              | <del>                                     </del> | OR      | X\$18=                     | 10                     |  |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                | NDENT CLAIM P                   |                  | inus 3 =                           | <u> </u>     |                  |      | X43=               | ļ                                                | OR      | X86=                       | ·                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                 |                  |                                    |              |                  |      | +145=              |                                                  | OR      | ÷290=                      |                        |  |
| * If                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | the difference                                 | e in column 1 is                | less'than z      | ero, enter                         | "0" in (     | column 2         | ,    | TOTAL              | 1                                                | OR      | TOTAL                      | P47                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C                                              | LAIMS AS A                      | MENDED - PART II |                                    |              |                  |      |                    |                                                  | _       | OTHER                      | THAN                   |  |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1                                              | (Column 1)                      | (Colum           |                                    |              |                  |      | SMALL              | ENTITY                                           | OR      | SMALL                      | ENTITY                 |  |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                | REMAINING<br>AFTER<br>AMENDMENT |                  | NUME<br>PREVIO<br>PAID F           | BER<br>OUSLY | PRESENT<br>EXTRA |      | RATE               | ADDI-<br>TIONAL<br>FEE                           |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total                                          | *                               | Minus            | **                                 |              | =                |      | XS 9=              |                                                  | OR      | X\$18=                     |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Independent                                    | *                               | Minus            | ***                                |              | = .              |      | X43=               |                                                  | OR      | X86=                       |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FIRST PRESE                                    | ENTATION OF MI                  | JLTIPLE DE       | PENDENT                            | CLAIM        |                  |      | +145=              |                                                  | OR      | +290=                      |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                 |                  |                                    |              |                  | Ĺ    | TOTAL              |                                                  | اا      | TOTAL                      |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | (Column 1)                      | _                | (Colum                             | nn 2)        | (Column 3)       | . 🗜  | ADDIT. FEE         |                                                  | ]O,,,   | ADDIT. FEE                 |                        |  |
| В                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                | CLAIMS<br>REMAINING             |                  | HIĞHE                              | ST           |                  | Г    |                    | ADDI-                                            | 1       |                            | ADDI-                  |  |
| AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                | AFTER<br>AMENDMENT              | ٠                | NUME<br>PREVIO<br>PAID F           | USLY         | PRESENT<br>EXTRA |      | RATE               | TIONAL<br>FEE                                    |         | RATE                       | TIONAL<br>FEE          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total                                          | *                               | Minus            | ##                                 |              | =                |      | X\$ 9=             |                                                  | OR      | X\$18=                     |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Inaependent                                    | ×                               | Minus            | ***                                |              | =                |      | X43=               |                                                  | 1 1     | X86=                       |                        |  |
| ۷_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FIRST PRESE                                    | NTATION OF MU                   | ILTIPLE DEF      | ENDENT                             | CLAIM        |                  | -    | 71.0               |                                                  | OR      | 700-                       |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                 |                  |                                    |              |                  | L    | +145=              |                                                  | OR      | +290=                      |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                              |                                 |                  | ,                                  |              |                  | A    | TOTAL<br>DDIT. FEE | •                                                | OR ,    | TOTAL<br>ADDIT. FEE        |                        |  |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                | (Column 1)                      |                  | (Colum                             |              | (Column 3)       |      |                    |                                                  |         |                            |                        |  |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                | REMAINING<br>AFTER<br>AMENDMENT |                  | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ER<br>USLY   | PRESENT<br>EXTRA |      | RATE               | ADDI-<br>TIONAL<br>FEE                           |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total                                          | *                               | Minus            | **                                 |              | =                |      | X\$ 9=             |                                                  | OR      | X\$18=                     |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Independent                                    | *                               | Minus            | ***                                |              | =                | ┢    | X43=               |                                                  |         | X86=                       |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |                  |                                    |              |                  |      |                    |                                                  | OR      | 7.00-                      |                        |  |
| • If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                                 |                  |                                    |              |                  |      | +145=              |                                                  | OR      | +290=                      |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  TOTAL ADDIT |                                                |                                 |                  |                                    |              |                  |      |                    |                                                  |         |                            |                        |  |
| ٠                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ne riignesi Num                                | Del Fleviously Paid             | ror (lotal or    | ınaependen                         | ii) is the   | nignest number   | toun | d in the app       | ropriate box                                     | in colu | mn 1.                      | i                      |  |